

NOTICE TO NURSES REGARDING ACT 198

Act 198 (effective July 1, 2003) establishes a Center for Nursing (Center) at the University of Hawaii School of Nursing and Dental Hygiene. The Center will help to ensure that better data about nurses is available, which will improve health care in Hawaii, as well as working conditions for nurses. The Center will collect and analyze data and prepare and disseminate written reports and recommendations regarding the current and future status and trends of the nursing workforce. The Center will conduct research on best practices and quality outcomes, as well as develop a plan for implementing strategies to recruit and retain nurses. Act 198 establishes a special fund to support the Center's activities and requires the assessment of a \$40 fee upon the issuance of a new nurse license and at each license renewal. Beginning on July 1, 2003, each new license will be assessed the \$40 fee to support the Center, and beginning with the 2005 renewal, the fee will be assessed for each license renewal.

REQUIREMENTS FOR LICENSE - NURSE (WITHOUT EXAM)

Access this form via website at: www.hawaii.gov/dcca/pvl

(READ THOROUGHLY)

NOTICE:

Should there be any changes in the information provided here, the requirements effective at the time application is filed shall apply. Requirements for license are pursuant to Chapter 457, HRS, and Chapter 89, HAR.

EXAM REQUIREMENT

Successful completion of ONE of the following is required:

The NCLEX (National Council Licensure Examination) in another state or U.S. jurisdiction; having passed or received a score of at least 1600 for RN, or 350 for LPN; **OR**

The SBTPE (State Board Test Pool Exam) in another state or Canadian province (prior to 1970); having passed or received a score of at least 350 in each part; **OR**

A state board constructed exam prior to the inception of the SBTPE in that jurisdiction.

NOTE: CANADIAN NURSES - CNATE IS NOT RECOGNIZED BY THE HAWAII BOARD OF NURSING.

EDUCATIONAL REQUIREMENT

Must be a graduate of an accredited board-recognized baccalaureate, associate degree or hospital nursing program in the United States or U.S. jurisdiction whose curriculum is approved by the Hawaii Board of Nursing or other state boards of nursing.

Foreign school graduates who are licensed in another state or U.S. jurisdiction are not required to have their educational credentials evaluated by a professional evaluator. However, the original state or U.S. jurisdiction board of nursing must approve/recognize that the nursing program from which the nurse has graduated is equivalent to a U.S. Accredited Nursing Education Program. This **APPROVAL/RECOGNITION** must be so indicated on the attached State of Hawaii License Verification form or equivalent form.

INSTRUCTIONS FOR FILING

APPLICATION FORM

1. Type or print *legibly* in dark ink.
 2. Answer **all questions**. If not applicable, indicate N/A.
 3. Application **must** be signed. Incomplete applications will not be accepted and will be returned for completion.
- **Failure to provide all the requested information will delay the processing of your application.**

ADDRESS

The Board's mailing address is: *Board of Nursing
P.O. Box 3469
Honolulu, HI 96801
Phone: (808) 586-3000*

The Board's street address is: *Board of Nursing
335 Merchant St., Room 301
Honolulu, HI 96813*

FEES

Make check payable to: **COMMERCE AND CONSUMER AFFAIRS**

	<u>Fee</u>
If license will be issued between JULY 1, ODD-NUMBERED years (2003, 2005, 2007) and JUNE 30, EVEN-NUMBERED years (2004, 2006), pay	\$180.00
(Application - \$40,** License - \$20, Compliance Resolution Fund*** - \$70, 1/2 Renewal - \$10, Center for Nurse Fee - \$40 – see attached notice)	

*If license will be issued between JULY 1, EVEN-NUMBERED years (2004, 2006, 2008) and JUNE 30, ODD-NUMBERED years (2003, 2005, 2007), pay	\$135.00
(Application - \$40,** License - \$20, Compliance Resolution Fund - \$35, Center for Nurse Fee - \$40 – see attached notice)	

*** SUBJECT TO RENEWAL BY JUNE 30, ODD-NUMBERED YEARS (2003, 2005, 2007), REGARDLESS OF ISSUE DATE. PLEASE READ DETAILED INFORMATION UNDER LICENSE RENEWALS.**

** *Application fee is not refundable.*

*** *The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (§26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with the Dept. of Commerce and Consumer Affairs. Assessment amounts are based on the services rendered in resolving complaints. Assessment is due for the issuance of a new license as well as for the renewal of a license.*

Note: *One of the legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

(CONTINUED ON BACK)

VERIFICATION OF LICENSE

Verification of your exam scores, educational credentials and out-of-state licensure must be provided on the *Verification of License* form (NSG-03). This form must be sent to the state/territory board of nursing of **original licensure by examination** with the appropriate service fee that the originating board requires. Please verify with the respective state board for fee information. Once a completed verification is received in our office and your application is on file with us, your license will be issued and mailed to the mailing address listed on application.

- NOTE:
- PROVIDE DATE YOU MAILED LICENSE VERIFICATION TO YOUR ORIGINAL STATE (see application).
 - If your state uses NURSYS to verify their licenses, you must contact the National Council at (866) 819-1700 for form, or download the form from their website at: www.nursys.com.
 - License verifications are discarded after one year if no application is received.

TEMPORARY PERMIT

To obtain a temporary permit, the following items must be completed and submitted:

1. The attached application for license (without exam) with fee.
2. A photocopy of a current **U.S.** nursing license indicating the expiration date of license.
3. A completed "*Verification of Employment*" form (NSG-05) which must first be signed by your **employer in Hawaii**. Letters of hire will not be accepted.
4. Proof of mailing the "*Verification of License*" form (NSG-03) (receipt of certified mail or the cancelled check for the verification fee.)

Only ONE temporary permit is allowed. Permittee is allowed to practice nursing only if employed by employer indicated on the "*Verification of Employment*" form (NSG-04). Once permit is issued, no other will be reissued in care of another employer. PRIOR DISCIPLINARY ACTION OR CONVICTION, WHICH HAS NOT BEEN EXPUNGED, MUST BE REVIEWED BY THE BOARD.

STATE LAWS AND RULES

All applicants/licensees are responsible for reading, being knowledgeable and maintaining current knowledge of the Hawaii Statutes and Rules relating to nursing and the amendments adopted throughout the years for the duration of the applicant/licensee's nursing career. These statutes and rules consists of Chapter 457, Hawaii Revised Statutes and Chapter 89, Hawaii Administrative Rules. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the nursing statutes.

The laws and rules are posted on our website free of charge at: www.hawaii.gov.us/dcca/pvl. Look under "NURSING".

ADDRESS/NAME CHANGES

It is the responsibility of the applicant to notify the Board of any changes **in writing**. If you have a name change **after** your application was originally filed, you must provide a photocopy of the name change document along with a letter requesting the change.

All address changes must be submitted **in writing**. No changes will be taken over the phone. The Board will not be responsible for non-receipt of any correspondence.

LICENSE RENEWALS

All licenses, regardless of issuance date, **expire on June 30 of each odd-numbered year** and are subject to renewal. Renewal applications are made available about 60 days prior to the license expiration date. Effort will be made to mail applications to licensees as a courtesy. However, the Board must be informed in a timely manner of any address changes in writing. If a licensee does not receive an application at least 30 days prior to the license expiration date, licensee must contact the Board's office or pick one up at 335 Merchant St., Room 301 in Honolulu. **EACH LICENSEE IS ULTIMATELY RESPONSIBLE FOR THE RENEWAL OF HIS/HER NURSING LICENSE.** The Board will not negotiate this matter with the employers for a licensee who has not timely renewed a nursing license. **AT NO TIME MAY A NURSE, WHOSE LICENSE HAS LAPSED, CONTINUE TO PRACTICE AS A NURSE. IT IS THE NURSE'S DUTY TO INFORM EACH EMPLOYER WHO IS IMPACTED, OF THE NURSE'S FAILURE TO RENEW A NURSING LICENSE ON TIME.**

- If you are eligible for a license near the end of the second year of a two-year license period (within 3 months), you may elect to delay the issuance of your license until July 1, odd-numbered year, **provided you do not intend to start practicing your trade or profession until the next license period.**

NOTIFICATION OF DISCIPLINARY ACTION

Once licensed, each licensee who has a nursing license disciplined in another state, must notify the Hawaii Board of Nursing within 30 days of the action. Failure to do so may result in action taken against the person's Hawaii nursing license.

ADVANCED PRACTICE R.N.

Contact the Board's office for a separate application or download from our website at: www.hawaii.gov.us/dcca/pvl. Click on "Advanced Practice Registered Nurse".

ABANDONMENT OF APPLICATION

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

APPLICATION FOR LICENSE (WITHOUT EXAM) – NURSE

Read the attached instructions before completing this form.
Applications are available via our website at: www/hawaii.gov/dcca/pvl

Circle type of LICENSE applying for:		REGISTERED NURSE	PRACTICAL NURSE	BOARD USE	Lic. No.	Eff.:
Legal Name (First, Middle)		(LAST)				
Residence Address (Include Apt. No., City, State and Zip Code)						
Mailing Address (ONLY if different from above)						
Other Names Used (include maiden name):			Social Security No.	Phone No. (days)		

OTHER STATE LICENSES	Name of State	Type of License	License No.	Method of Licensure				Provide date "Verification of License" mailed to state:
	ORIGINAL U.S. State	RN LPN		NCLEX	SBTPE	State Exam	Waiver of Exam	
	Other State	RN LPN		NCLEX	SBTPE	State Exam	Waiver of Exam	
	Other State	RN LPN		NCLEX	SBTPE	State Exam	Waiver of Exam	

Circle answers and give details when required:

- Are you at least 18 years of age? YES NO
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- In the past 20 years, have you ever been convicted of a crime in which the conviction has not been annulled or expunged? YES NO
If "YES", arrange to have certified court documentation on the date, place, violation for each conviction and fulfillment of conditions of each sentence sent directly to the Board.
- Has your nursing license ever been revoked, suspended, or otherwise subject to disciplinary action by the Hawaii State Board or another state board? YES NO
If "YES", arrange to have certified documents from each state in which disciplinary action was taken sent directly to the Board. (Include Findings of Fact, Conclusion of Law, Recommended Order, Final Order, and whether you have been re-instated. If re-instated, date and conditions of license.)
- Are you presently being investigated or is any disciplinary action pending against you? YES NO
If "YES", specify all states where action was or may be imposed. Arrange to have certified documents from each state in which disciplinary action or investigation occurred or is pending against you sent directly to the Board.
NOTE: PRIOR DISCIPLINARY ACTION OR CONVICTION, WHICH HAS NOT BEEN EXPUNGED, MUST BE REVIEWED BY THE BOARD.
- Do you hold or have you ever held this type of nursing license in Hawaii? YES NO
If "YES", do not complete this application. Contact the Board for a restoration application.

(Continued on Back)

APPLICATION FOR LICENSE (WITHOUT EXAM) - NURSE

EDUCATION	Name and Location (city/state)	Degree Earned	Dates (mo/yr)	
			From	To
	Nursing School			
	Advanced Training			

APPLICANTS REQUESTING TEMPORARY PERMIT ONLY:

- Do you hold a current U.S. nursing license in another state? YES NO
- Have you attached a photocopy of your current U.S. nursing license? YES NO
- Have you indicated the date you mailed your verification to your original state? YES NO
- Have you attached a completed "*Verification of Employment*" form signed by a Hawaii employer? YES NO
(NOTE: A temporary permit will not be issued without this)
- Do you understand that one (1) temporary permit is issued by law and cannot be reissued in care of another employer; and will be invalidated should the completed "*Verification of License*" form indicate that you do not meet minimum license requirements? YES NO
- If all questions answered "yes", are you applying for a temporary license? YES NO

AFFIDAVIT OF APPLICANT:

I hereby certify that the information supplied herein and attachments thereto are true and correct. I understand this affidavit and that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Hawaii Revised Statutes.)

_____ Date

_____ Signature of Applicant

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

VERIFICATION OF LICENSE – NURSE

APPLICANT: Complete Applicant section and mail to your ORIGINAL state of license (where you took the licensing examination). **CONTACT THAT BOARD OF NURSING FOR THEIR PROCEDURES AND FEES.** If your ORIGINAL state is a member of the NURSIS System, you will need to contact them toll free at (866) 819-1700 to request a license verification form or you may download the form from their website at: **www.nursis.com**.

A P P L I C A N T	Name (LAST)	FIRST, Middle	Other names used (include maiden name)	
	Address (Include Apt. No., City, State and Zip Code)		Social Security No.	
			Phone No.	
	LICENSE NUMBER		DATE ISSUED	
			Type of Registration:	
			<div style="display: flex; justify-content: space-around;"> REGISTERED NURSE PRACTICAL NURSE </div>	
	I hereby authorize the nursing licensing agency in the State of _____ to furnish to the Department of Commerce and Consumer Affairs, State of Hawaii, the information below.			
	Date _____		SIGN HERE: _____	

L I C E N S I N G A G E N C Y O N L Y	This is to certify that the above-named individual was issued license number _____ Social Security No.: _____							
	to practice		<input type="checkbox"/> Registered Nursing <input type="checkbox"/> Practical Nursing		Date of Issuance: _____			
	licensed by:		<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Waiver		Current license status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed			
	Date license expires: _____							
	Has this license ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation)? <input type="checkbox"/> yes <input type="checkbox"/> no						If YES, please send a copy of your board's: 1) Administrative Action 2) Final Order	
	EXAMINATION INFORMATION	REGISTERED NURSE (NCLEX)	REGISTERED NURSE (S.B.T.P.E.)					PRACTICAL NURSE (NCLEX or SBTPE)
			Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children	
	Standard Scores							
	Series/Form No.							
	Number of times applicant wrote the examination?							
Name of U.S. Accredited Nursing Education Program Completed (or non-U.S. Accredited Nursing Education Program approved/recognized by this State Board as equivalent to U.S. Accredited Nursing Education Program.)								
Location (City and State)							Year of Graduation	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SEAL </div> <div style="width: 50%;"> Signature _____ Title _____ State _____ Date _____ </div> </div>								

**TO THE BOARD: Return this form directly to: Hawaii Board of Nursing
P.O. Box 3469
Honolulu, HI 96801**

OTHER STATE BOARDS OF NURSING

(www.ncsbn.org/public/regulation)

This is the latest information we have and is subject to change.

If your **ORIGINAL** state is a member of the NURSYS System, you will need to contact them toll free at (866) 819-1700 to request a license verification form or you may download the form from their website at: www.nursys.com.

State, Address and Telephone	State, Address and Telephone
ALABAMA Tel: (334) 242-4060 RSA Plaza, STE 250 P.O. Box 303900 Montgomery, AL 36130-3900	KANSAS Tel: (785) 296-4929 Landon State Office Bldg. 900 SW Jackson Ste. 551 S Topeka, KS 66612-1256
ALASKA Tel: (907) 269-8161 Occupational Licensing Division P.O. Box 110806 Juneau, AK 99811-0806	KENTUCKY Tel: (502) 329-7000 312 Whittling Pkwy. STE 300 Louisville, KY 40222-5172
AMERICAN SAMOA Tel: (684) 633-1222 Health Services Regulatory Board LBJ Tropical Medical Center Pago Pago, American Samoa 96799	LOUISIANA (RN) Tel: (504) 838-5332 3510 N Causeway Blvd., STE 501 Metairie, LA 70003
ARIZONA Tel: (602) 331-8111 NURSYS – See contact information above.	LOUISIANA (PN) Tel: (504) 838-5791 Board of PN Examiners 3421 N Causeway Blvd., STE 203 Metairie, LA 70002
ARKANSAS Tel: (501) 686-2700 NURSYS – See contact information above.	MAINE Tel: (207) 287-1133 NURSYS – See contact information above.
CALIFORNIA (RN) Tel: (916) 322-3350 Board of Registered Nursing P.O. Box 944210 Sacramento, CA 94244-2100	MARYLAND Tel: (410) 585-1900 NURSYS – See contact information above.
CALIFORNIA (PN) Tel: (916) 263-7800 Board of Vocational Nurse & Psychiatric Technician 2535 Capitol Oaks Dr., STE 205 Sacramento, CA 95833-2919	MASSACHUSETTS Tel: (617) 727-9961 NURSYS – See contact information above.
COLORADO Tel: (303) 894-2430 (303) 894-2431 NURSYS – See contact information above.	MICHIGAN Tel: (517) 335-0918 Dept. of Licensing & Regulation 611 West Ottawa, P.O. Box 30018 Lansing, MI 48909
CONNECTICUT Tel: (860) 509-7624 Board of Examiners for Nursing 410 Capitol Ave., MS # 12 MQA Hartford, CT 06134-0308	MINNESOTA Tel: (612) 617-2270 NURSYS – See contact information above.
DELAWARE Tel: (302) 739-4522 NURSYS – See contact information above.	MISSISSIPPI Tel: (601) 987-4188 NURSYS – See contact information above.
DISTRICT OF COLUMBIA (RN) Tel: (202) 442-4778 Dept. of Consumer and Regulatory Affairs P.O. Box 37200 Rm. 910 Washington, D.C. 20013-7200	MISSOURI Tel: (573) 751-0681 NURSYS – See contact information above.
DISTRICT OF COLUMBIA (PN) Practical Nurses' Examining Board (Same address & telephone as RN)	MONTANA Tel: (406) 841-2340 NURSYS – See contact information above.
FLORIDA Tel: (850) 245-4125 NURSYS – See contact information above.	NEBRASKA Tel: (402) 471-4376 NURSYS – See contact information above.
GEORGIA (RN) Tel: (478) 207-1640 237 Coliseum Dr. Macon, GA 31217-3858	NEVADA Tel: (775) 688-2620 4330 South Valley View, Ste. 106 Las Vegas, NV 89103
GEORGIA (PN) Tel: (478) 207-1300 Board of Examiners of Licensed PNS (Same address as RN)	NEW HAMPSHIRE Tel: (603) 271-2323 P.O. Box 3898 Concord, NH 03302-3898
GUAM Tel: (671) 735-7411 Board of Nurse Examiners P.O. Box 2816 Agana, GU 96932	NEW JERSEY Tel: (973) 504-6586 P.O. Box 45010 Newark, NJ 07101
HAWAII Tel: (808) 586-3000 P.O. Box 3469 Honolulu, HI 96801	NEW MEXICO Tel: (505) 841-8340 NURSYS – See contact information above.
IDAHO Tel: (208) 334-3110 NURSYS – See contact information above.	NEW YORK Tel: (518) 474-3817 State Education Dept. Cultural Educ. Ctr., No. 3013 Albany, NY 12230
ILLINOIS Tel: (312) 814-2715 Dept. of Professional Regulation 320 W. Washington St., 3rd FL Springfield, IL 62786	NORTH CAROLINA Tel: (919) 782-3211 NURSYS – See contact information above.
INDIANA Tel: (317) 234-2043 NURSYS – See contact information above.	NORTH DAKOTA Tel: (701) 328-9777 NURSYS – See contact information above.
IOWA Tel: (515) 281-3255 NURSYS – See contact information above.	NORTHERN MARIANA ISLANDS Tel: (670) 664-4812 Commonwealth Board of Nurse Examiners P.O. Box 1458 Saipan, MP 96950
	OHIO Tel: (614) 466-3947 NURSYS – See contact information above.
	OKLAHOMA Tel: (405) 962-1800 Board of Nurse Reg. & Nsg. Ed. 2915 N. Classen Blvd., No. 524 Oklahoma City, OK 73106
	OREGON Tel: (503) 731-4745 NURSYS – See contact information above.

If your **ORIGINAL** state is a member of the NURSYS System, you will need to contact them toll free at (866) 819-1700 to request a license verification form or you may download the form from their website at: www.nursys.com.

State, Address and Telephone	State, Address and Telephone
<p>PENNSYLVANIA Tel: (717) 783-7142 Board of Nurse Examiners P.O. Box 2649 Harrisburg, PA 17105-2649</p> <p>PUERTO RICO Tel: (787) 725-7506 Commonwealth of Puerto Rico 800 Roberto H. Todd Ave., Rm 202, Stop 18 Santurce, PR 00908</p> <p>RHODE ISLAND Tel: (401) 222-5700 Board of Nurse Reg. & Nursing Ed. R.I. Dept. of Health, Cannon Bldg Three Capitol Hill, Rm. 104 Providence, RI 02908-5097</p> <p>SOUTH CAROLINA Tel: (803) 896-4550 P.O. Box 12367 Columbia, SC 29211</p> <p>SOUTH DAKOTA Tel: (605) 362-2760 NURSYS – See contact information above.</p> <p>TENNESSEE Tel: (615) 532-5166 Dept. of Health and Environment Cordell Hall Bldg., 1st FL 426 5th Ave., N Nashville, TN 37247-1010</p> <p>TEXAS (RN) Tel: (512) 305-7400 NURSYS – See contact information above.</p> <p>TEXAS (PN) Tel: (512) 305-8100 NURSYS – See contact information above.</p> <p>UTAH Tel: (801) 530-6628 NURSYS – See contact information above.</p> <p>VERMONT Tel: (802) 828-2396 NURSYS – See contact information above.</p> <p>VIRGINIA Tel: (804) 662-9909 6606 W. Broadway St., 4th FL Richmond, VA 23230-1717</p> <p>VIRGIN ISLANDS Tel: (340) 776-7397 Board of Nurse Reg. & Nsg. Ed. Knud Hansen Complex Charlotte Amalie St. Thomas, VI 00803</p> <p>WASHINGTON Tel: (360) 236-4700 Dept. of Health Washington State Board of Nursing 1300 SE Quince St., P.O. Box 47864 Olympia, WA 98504</p> <p>WEST VIRGINIA (RN) Tel: (304) 558-3596 Board of Examiners for RNs 101 Dee Dr. Charleston, WV 25311-1620</p> <p>WEST VIRGINIA (PN) Tel: (304) 558-3572 Board of Examiners for PNs 922 Quarrier St., STE 309 Charleston, WV 25301-2679</p> <p>WISCONSIN Tel: (608) 266-0145 NURSYS – See contact information above.</p> <p>WYOMING Tel: (307) 777-7601 Wyoming State Board of Nursing Barrett Bldg., 4th FL 2301 Central Avenue Cheyenne, WY 82002</p>	

VERIFICATION OF EMPLOYMENT - TEMPORARY PERMIT FOR NURSE

INSTRUCTIONS

- 1) Complete your name and address in area marked. **Have employer in Hawaii sign the employer section.**
- 2) Upon completion of this form, make a photocopy for employer's file.
- 3) In addition to filing the original of this form, submit:
 - a) Completed application for license.
 - b) Appropriate fees.
 - c) Photocopy of current license in another U.S. state indicating expiration date of license; and
 - d) Evidence of having sent "Verification of License" form to ORIGINAL state of licensure (such as the receipt of certified mail or a copy of the cancelled check to show fee paid to other board for such a service).
 - e) Completion of the block below on "Temporary Permit" form (applicant's name c/o employer's address). Upon approval, the bottom will be cut off and sent by the board.
- 4) One permit/one employer only. No other permit will be issued. No exceptions to this policy will be made.

NOTE: PRIOR DISCIPLINARY ACTION OR CONVICTION, WHICH HAS NOT BEEN EXPUNGED, MUST BE REVIEWED BY THE BOARD.

Name of Nurse (First-Middle-LAST)	Address of Nurse (Include Apt. No. & ZIP CODE)	Indicate date you submitted a completed application:

NEXT SECTION FOR COMPLETION BY HAWAII EMPLOYER:

My signature confirms that I understand and agree to abide by the following responsibilities while the above-named person is working as a nurse under a temporary permit.

- A. I will notify the board in writing immediately if employment is discontinued; if the services of this person are found unsatisfactory; or if this person reports a change of name or address.
- B. I will not allow this person to continue employment as a nurse beyond the date of expiration of the temporary permit.
- C. I understand that should the board receive verification that the requirements for a license are not met, the temporary permit shall become invalid immediately. Upon notification from the board of such action, I understand that the employment of this person as a nurse must be terminated immediately.

Date _____

Signature _____

Phone No. _____

Print Name & Title _____

Name of _____

Employer _____

Address of _____

Employer _____

NSG-04 0104

Hawaii

City

Zip Code

DO NOT DETACH

TEMPORARY PERMIT - NURSE

INVALID UNLESS AFFIXED WITH THE SEAL OF THE BOARD OF NURSING AND SIGNED BY THE EXECUTIVE OFFICER OF THE BOARD.

The applicant whose name and address appear below is hereby permitted to practice nursing as a:

REGISTERED NURSE

PRACTICAL NURSE

until the expiration date shown. A second temporary permit will not be granted. This permit is valid for one employer only, who is named below.

TEMPORARY PERMIT NO.

DATE ISSUED:

BASIS OF ELIGIBILITY:

Holds a current out-of-state U.S. nursing license and is applying for a license through endorsement.

PERMIT EXPIRES UPON RECEIPT OF VERIFICATION OF LICENSE FROM ORIGINATING STATE, PROVIDED IT IS RECEIVED WITHIN THREE (3) MONTHS.

Type or Print Name, c/o Name & Address of Employer in Block Below:

c/o _____

Executive Officer, Board of Nursing

*This temporary permit is extended to the date below because of circumstances beyond applicant's control.

EXTENDED

EXPIRATION DATE _____

Executive Officer, Board of Nursing

..... **DO NOT DETACH**

CONDITIONS FOR GRANTING OF THIS TEMPORARY PERMIT:

Valid only for employer indicated and will be in effect until the expiration date shown; unless otherwise determined by the Board, should your employment be terminated before the expiration date, you are required to notify the board in writing immediately and return this permit. Permit is non-renewable and a new permit for another employer will not be issued.

BOARD POLICIES - NURSE'S TEMPORARY PERMIT

- 1) Only ONE temporary permit will be issued.
- 2) The temporary permit may NOT be transferred to another employer.
- 3) The temporary permit may be cancelled prior to stated expiration date should board determine license requirements are not met.
- 4) Temporary permit applications must be completed by a Hawaii employer only.